U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use-Only	
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	
E (APR 420x)	
To the state of th	
1. File Number U - 25222	2. Fiscal Year Covered Frcm:
	07/01/2005 Through: [2/3]/2005
3. Name and acdress of person filing.	4. Name, file number, and ∋ddress of labor organization.
Name Exances Wiod	Name International ASS. of Mallinists and Aeropoce workers
	Labor Organization File Number 063-798
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any P.O. Box 3957
Street 2100 Sandtown Rol	Street
city Batesville	civ Batesville
State Artansas, ZIP Codn+4 7250/116	State : Arkansas ZIP Code + 4 72503
5. P. sition in latior organization. President	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except an specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name &DX Automotive	donation to the Arkansas State Council of Machinists
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
street 200 General 5t	
city Batesuille	150.00
State ATKANSAS. ZIF Code + 4 172501	
- Signature	
15. Signature an Serification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has here for mined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Thanks Wood	On 3-20-06 (870) 793-9663 Date Telephone Number
	Total